



Departmental Capability Self-Evaluation

Manager Initiating Form: _____

FAA/EASA ☐

CAAC ☐

MILITARY ☐

Date Evaluation Started: _____

Part Number(s): _____ Nomenclature: _____

Include and load in PAI system, all configurations of the part number being submitted for evaluation (use attachment if needed): ☐

Customer: _____ WO#: _____

Customer Support Manager: _____ Contract Number if Applicable: _____

- The verification below, completed by the appropriate management personnel, indicates an evaluation of the above part number(s) and/or the PAI internal repair process has been performed and found, at a minimum, to be within the parameters of our current system.
- If any of the items below are found to be "Not Acceptable", the individual with responsibility for that section must provide, in writing, to the Quality Assurance Manager, the reason(s) in detail for which the required controls are deficient.

Quality Control Department Verification:

Acceptable ☐

Not Acceptable ☐

Manufacturer: _____

Aircraft Mfr. & Model: _____

Capability Classification: _____

Appropriate Limited Rating: (Appropriate Rating(s) as listed on Current PAI Ops Spec)

Adequate Housing and Facilities: (Required test and/or inspection equipment)

ATA: _____ Revision: _____ Revision date: _____

Sub-component Information (if applicable): _____

Comments: (if not acceptable, explain): _____

Quality Control Manager Approval: _____ Date: _____

Maintenance Department Verification:

Acceptable ☐

Not Acceptable ☐

Processes: (Internal / External Special Processes, Environmental conditions, etc.)

Shop Assignment: _____

Equipment: (Fixtures, Swaging, etc.)

Shop Category: _____

Qualified Trained Personnel: (Specific Required or Specialty Training) *

Training Needs Assessment (Will training already in place be sufficient)

Unit Complexity: _____

Component Category (1, 2, 3): _____

Maintenance Manager Approval: _____ Date: _____

Comments: (if not acceptable, explain): _____

- If Qualified Trained Personnel is not acceptable, forward to the Training Department

Engineering Department Verification:

Acceptable ☐

Not Acceptable ☐

Adequate Housing and Facilities: (Required test and/or inspection equipment)

Component Category Concurrence: Yes ☐ No ☐

Tooling or Equivalent: (Customer and/or Manufacturer, Engineering Report.)

DER Required / Requested: Yes ☐ No ☐

Comments: (if not acceptable, explain): _____

Director of Engineering Approval: _____ Date: _____



Inc.

Purchasing Department Verification:

Acceptable ☐

Not Acceptable ☐

Material (Piece Parts, consumables, supplies etc.):

Component Replacement Pricing: New: _____ Overhauled: _____ Comments: _____

Director Supply Chain or Purchasing Manager Approval: _____ **Date:** _____

Comments: (if not acceptable, explain): _____

Shipping / Receiving Department Verification:

Acceptable ☐

Not Acceptable ☐

Shipping (Supplies, Materials, etc.):

Hazmat Requirements (Specific Required Training, etc.)

Environmental Storage Conditions (Per Customer and/or manufacturer technical data):

Shipping & Receiving Manager Approval: _____ **Date:** _____

Comments: (if not acceptable, explain): _____

Training Department Verification:

Acceptable ☐

Not Acceptable ☐

Method: which method will be utilized to provide competency: _____

Trainer (personnel with required competencies): _____

Comments: (if not acceptable, explain): _____

Training Manager Approval (if required): _____ **Date:** _____

Internal Evaluation Department Verification:

Acceptable ☐

Not Acceptable ☐

Comments: (if not acceptable, Explain): _____

(Approval) Internal Evaluation Dept Manager: _____ **Date:** _____

Executive Management Verification:

Acceptable Risk: **Acceptable** ☐

Not Acceptable ☐

Comments: (if not acceptable, Explain): _____

Capability ☐

No Capability ☐

(Approval) VP – Operations: _____ **Date:** _____

(Approval) President: _____ **Date:** _____

Quality Assurance Department Verification:

Database Entry: **Capability** ☐ **No Capability** ☐ **Document Control Supervisor:** _____ **Date:** _____

Regulatory Agency Notified (if required) ☐ **Date:** _____ **Regulatory Approval Received** (if required) ☐ **Date:** _____

Acceptable ☐

Not Acceptable ☐

Quality Assurance Manager Verification: _____ **Date:** _____